



2010 BLAINE BREAKOUT TOURNAMENT

TEAM ROSTER FORM

Team Name:

TEAMS MUST COMPLETE THEIR ROSTER ON THIS FORM

All rosters must be submitted and finalized at least 1 hour prior to your first game at team check-in.

Team Check-in: April 29 7:00-8:30 PM / April 30 3:00-8:00 PM / May 1 7:00 AM - 2:00 PM

Please type or print clearly on this form - all information must be completed for the roster to be accepted

Club Representing Age Level Gender

Level of Play (Premier, Classic 1, etc.) 1st jersey color 2nd jersey color

Guest Player please check (x) below	1	Player Name (please list in alphabetical order)	Player Registration Number	1st jersey color		2nd jersey color		Admin. Only	
				1st jersey #	2nd jersey #	Player Pass	Medic waiver		
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
	21								
	22								

coach's name (h) telephone cellular phone to contact you during the event

team manager name (h) telephone cellular phone to contact you during the event